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STATE BOARD OF NURSING

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Message From the President

A Nursing Shortage, Be a Part of The Solution

by Cordelia Esry, PhD, RN
President, Missouri State Board of Nursing

That a nursing shortage exists is certainly not news. We are currently being barraged by the media, both written and visual, and being challenged by numerous groups including local, state and national policy makers to find a solution to this current crisis in health care. Creative ways for nursing to continue to exist in spite of the many would be fixes and to be a part of the solution for sustaining a viable, challenging profession is the magic bullet(s) for which we should all be searching. We do not have a magic bullet but through the cooperative efforts of the Nursing Coalition and several other entities a plan is being developed which could involve each of you. Now we need you to be a part of the solution, use the help available and volunteer to be a spokesman for all levels of the profession of nursing.



Esry

How? Hold on and read the steps below.

Step 1. Volunteer to be a presenter at a local youth meeting where it would be appropriate to speak about nursing. This could be done through your school, church, 4-H, Scouts or any of other numerous groups.

Step 2. Click on the Missouri State Board of Nursing's web site, <http://www.ecodev.state.mo.us/pr/nursing/> and go to Related Links.

Step 3. Related Links has four web sites where information, videos, scholarship and other promotional materi-

als may be acquired free of charge. Included is Health Resource Partners at <http://www.healthresource.org>, the Nursing Coalition's web site at <http://www.nursingcareers.cc>, Johnson and Johnson's website at <http://www.discovernursing.com> and National Council of State Boards of Nursing's website at <http://www.ncsbn.org>.

Step 4. Review the materials available and request the information from the appropriate source.

Step 5. Present and be a part of the solution. As you are already part of the profession, the personal testimony that you provide by being there and being known to the 'would be' professionals adds a dimension that no one else can give. National Nurses Week is May 6-12. On that web site, <http://www.nursingworld.org/pressrel/nnw/> are lots of tips for celebrating nursing and highlighting the profession.

Yes, you can be a part of the SOLUTION! In the community where you live, you are the authority. Persons from those far away confines of Jefferson City and who may be official representatives or staff of the Missouri League for Nursing, Missouri Hospital Association, Missouri Nurses Association, Missouri Association of Licensed Practical Nurses and the Missouri State Board of Nursing are not as significant as YOU! Although all of these organizations are members of the Nursing Coalition, YOU, as the local member, have the influence in your local community. The population that sees you live out the profession of nursing each day accepts you as the expert. The staff of the coalition members will stand by and provide assistance if needed so please do not hesitate to contact any of the above if you have questions.

We will be most interested in your successes. The numbers in the profession will increase directly proportional to the number of you who are willing to be a part of the solution.

Missouri Legislation

by Lori Scheidt, BS
Acting Executive Director

The Missouri 91st General Assembly 2002 session convened on January 9, 2002. The session will end May 17, 2002. The following are proposed bills that would have an impact on Nursing. In the next newsletter article, we will provide you with an update on the final resolution of these bills.



Scheidt

- HB 1105 – Office of Administration's Regular Budget Bill for next year (July 1, 2002 – June 30, 2003).

- HB 1107 – Department of Economic Development's budget bill for next year – includes Board of Nursing's budget (July 1, 2002 – June 30, 2003).

- HB 1115 – Office of Administration Supplemental Budget bill for this year.

- HB 1689 – Creates uniformity for the professional registration statutes. Creates the Private Investigators board. Gives authority to Healing Arts to discipline physicians who are supervising advanced practice nurses without having entered into a collaborative practice agreement. The physician's assistant language is being revised to allow supervising physicians to be available via telecommunications. The requirement that the executive director of the Board of Nursing must be a nurse is removed.

- HB1208 – Establishes the criteria for use of the title "registered nurse first assistant" and requires insurance coverage for the services provided by such assistants.

- HB 1644 – Expands the list of medical facilities and agencies that must report disciplinary actions to include long-term care facilities, hospices, home health agencies and assisted living facilities.

- HB 1796 – Enacts the nurse license compact.

- HB1871 – Allows registered nurses to order therapies under collaborative agreements if the registered nurse is an advanced practice nurse.

- HB 2090 – Prohibits disclosure of home addresses of professional licensees or applicants without written consent.

- SB 1082 – Outlines minimum staffing requirements for skilled nursing facilities.

- SB 0752 – Requires health plans to cover all services provided or ordered by registered nurse first assistants.

- HB1718 – Enacts and amends various provisions regarding long-term care staffing, career ladder provisions, and quality of care issues.

- HB1923 - Establishes a nurse staffing plan for hospitals.

How Bills Become Laws

No law is passed except by bill. Bills may be introduced in the House or Senate, except appropriations bills, which by tradition originate in the House.

The legislative procedure is virtually the same in both houses. The following is the path a bill follows when introduced in the House.

I. INTRODUCTION OF A BILL - Members may prefile bills beginning December 1 preceding the opening of the General Assembly session. Bills prefiled are actually introduced on the first day of the session. Members may introduce bills through the 60th legislative day of the ses-

GOVERNOR

The Honorable Bob Holden

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II. FIRST AND SECOND READINGS - When introduced a bill is assigned a number and read the first time by its number and title only by the House reading clerk. It then goes on the calendar for second reading; following second reading it is assigned to committee by the Speaker of the House.

III. PUBLIC HEARING - A public hearing before the committee to which a bill is assigned is the next step in the legislative process. The bill is presented to the committee by its sponsor, and both proponents and opponents are generally heard in a single hearing. In the case of unusually controversial, complex or lengthy bills, several hearings may be held.

IV. COMMITTEE EXECUTIVE SESSION - After a hearing is held, a committee may meet to vote and make its recommendations. These executive sessions are also open to the public, but no testimony is taken. The committee may vote to:

1. Report the bill to the House with the recommendation that it “do pass.”
2. Report the bill to the House with the recommendation that it “do pass” with committee amendments.
3. Report the bill to the House with the recommendation that a committee substitute for the bill “do pass.”
4. Report the bill with the recommendation that it “do not pass.” (Such a bill will not be taken up by the House unless 82 members vote to take it up.)
5. Report the bill to the House without recommendation.

The state constitution allows a bill to be taken from committee by one-third of the members of the House. Such a bill is placed on the calendar for consideration by the House.

V. PERFECTION OF A BILL If a bill is reported favorably out of committee or a committee substitute is recommended, the bill or committee substitute is placed on the “perfection calendar.” When its turn comes up for consideration it is debated on the floor of the House. If committee amendments are recommended, they are first presented, debated, and voted on. Further amendments can then be proposed by any House member. When all amendments have been debated and voted on, a vote is taken on whether to have the bill “perfected and printed,” with any amendments incorporated into the bill. If a committee substitute is recommended, the House, after considering any amendments to the committee substitute, will vote on whether to adopt the committee substitute, before taking the vote to have the bill perfected and printed. Another kind of substitute, called a “House substitute,” is also in order when a bill is being perfected. A House substitute is also amendable and a vote is taken on its adoption before the vote to perfect and print the bill. The affirmative vote of a majority of the members present is sufficient to order a bill perfected and printed. The vote is usually a voice vote but may be by roll call and must, like any other motion, be by roll call if at least five members request it. The newly printed bill carries the word “Perfected” above the bill number.

VI. THIRD READING AND FINAL PASSAGE - After perfection and re-printing, a bill goes on the calendar for Third Reading. Only technical corrective amendments may be introduced at this stage, but members may debate the bill. At the conclusion of debate, a recorded vote is taken. Approval by a constitutional majority of the elected members (82 in the House) is required for final passage. If the bill receives the required minimum of 82 votes, it is sent to the Senate, where it is again read a first and second time; referred to a committee for a public hearing; reported by committee; amended on the floor and offered for final approval. If the Senate changes the bill in any way, it is sent back to the House with the request that the changes be approved. If they are, the bill is Truly Agreed to and Finally

Passed and sent to the Governor for his consideration. If one or more Senate changes are rejected, a conference may be requested and five members from each house are designated as a conference committee. Upon agreement by the conference committee (usually a compromise of differences), each reports to its own house on the committee’s recommendation. If both houses approve the conference committee report, the bill is declared Truly Agreed To and Finally Passed. The bill is reprinted and the words “Truly Agreed To and Finally Passed” are printed above the bill number. If either house rejects the conference committee report, it may be returned to the same or a newly-appointed conference committee for further conferences.

Consent Bills: There is a procedure in both the House and the Senate for expedited treatment of bills of a non-controversial nature. In the House the procedure is this: By unanimous vote any House committee may report a bill which neither increases state costs nor reduces state revenues to the consent calendar. The bill remains on the Consent Bills for Perfection Calendar for five days. At the end of that time, as long as at least five members have not objected to it being on the Consent Calendar, it is considered perfected and is placed on the Consent Bills for Third Reading Calendar. On Third Reading such bills may not be amended. They may, however, be amended in the Senate.

VII. SIGNING BY THE GOVERNOR - Bills Truly Agreed To and Finally Passed are signed in open session by the Speaker of the House and the President Pro Tem of the Senate. At the time of signing, any members may file written objections which are sent with the bill to the Governor. The Governor has 15 days to act on a bill if it is sent to him during the legislative session; and 45 days if the legislature has adjourned or has recessed for a 30 day period. The Governor has four options:

1. Sign the bill, making it become part of Missouri law.
2. Veto the bill. In this case, the bill is returned to the General Assembly where a two-thirds vote of both houses is required to override the veto.
3. Not sign the bill. Should the Governor take no action within the prescribed time, the bill goes to the Secretary of State, who then enrolls the bill as an authentic act. It then becomes law.
4. Veto line-items in an appropriation bill. On appropriation bills only, the Governor may choose to veto selected items within the bill. The General Assembly may override this veto by a two-thirds majority of both houses.

VIII. EFFECTIVE DATE OF LAWS - No law passed by the General Assembly can take effect until 90 days after the end of the session at which it was enacted (August 28 for regular sessions). However, if a bill was passed with an emergency clause attached, it takes effect immediately upon the Governor’s signature. In addition, some bills specify the exact date when they are to take effect, which is usually a period of time longer than 90 days.

IX. PUBLICATION OF LAWS - All bills which become law are reported to the Secretary of State. The Joint Committee on Legislative Research publishes each year’s bills in a book entitled Laws of Missouri. In addition, the Revisor of Statutes updates another publication, the Revised Statutes of Missouri, to reflect the changes made in the law each year.

You can track the status of bills from the State of Missouri’s web site at www.state.mo.us under the *Legislative Branch* drop down box.

If you have questions or need additional information, contact your senators or representatives.

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Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

“Nurses, Making a Difference One Life at a Time”

Correctional Nursing

What Makes Us Different from Other Nurses?

by Ralf J. Salke, RN, BSN, CCHP-A
Regional Vice President, Correctional Medical Services

Correctional Nursing? What is that? When I graduated from the University of Kansas School of Nursing in 1987 I had not heard of correctional nursing, nor dreamed that I would have a career within correctional healthcare itself. My father actually introduced me to the idea of correctional medicine since he was working within the Kansas Department of Corrections. He had listened to my frustrations while working in a coronary ICU unit and suggested a change might be “what the doctor ordered.” He informed me of an opening within the healthcare unit in the prison at which he worked. That position just happened to be the Healthcare Administrator. My father thought that with my nursing background and my military experience in healthcare, I would be qualified for this position. It just so happens that I interviewed for the job and did in fact receive the position as Healthcare Administrator. Only after four months in the position I found myself caught between organizations as the State of Kansas had subcontracted its healthcare of incarcerated individuals out to a private company. This company was called Correctional Medical Systems (which is known today as Correctional Medical Services - CMS). CMS was the number one provider of correctional healthcare in the United States. We also just received statewide contract awards from not only the State of Kansas, but the State of New Mexico and the State of Maryland. I found my services and experience to be in high demand during this start up and transitional phase. Since 1989 I have moved up through the ranks with CMS and have landed in the State of Missouri. Currently, I am Regional Vice President and along with Missouri Department of Corrections (MDOC) oversee the healthcare of their 28,000 incarcerated individuals.

Correctional nursing is not much different from nursing in the free world. We just do not “forget” who we are delivering healthcare to. It is not important for my healthcare staff to know the crimes or the alleged crimes of our patients, but rather that they are individuals in need of medical care. As such, CMS will provide this service to the incarcerated individuals. We provide care based on community standards and guidelines set forth by the National Commission of Correctional Healthcare (NCCHC). This organization is made up of 37 supporting healthcare organizations across the United States. In addition, our services have been reviewed by the University of Missouri’s Department of Health Management and Informatics under the Health Plan Employer Data Information Set (HEDIS) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) per-

formance indicators. Most recently, our healthcare operation has received recognition from Johns Hopkins University and the Missouri Hospital Association. I was awarded the 2001 Visionary Leadership Award in Healthcare Excellence, which perhaps is my biggest achievement in correctional nursing. Even though I am the recipient of the award, it was a team effort of the 800 physicians, nurses and ancillary staff within the correctional system. These employees are on the frontlines everyday tending to the healthcare needs of Missouri’s offender population. At times it is a thankless, unrewarding role. However, our patients are usually “train wrecks” when they arrive at the reception centers. Like any small community, healthcare services must be provided to maintain health and wellness, as well as treat the myriad of physical issues arising from the pre-incarceration lifestyle of these individuals. Offenders entering the MDOC often arrive with chronic, debilitating illnesses including HIV, Hepatitis C, renal failure and tuberculosis. They are among the least educated of healthcare consumers, often having had little or no previous medical or dental treatment in their lives. From the first healthcare encounter, which occurs within an hour of admission until discharge, it becomes the challenge of the medical and nursing staff to first diagnose and evaluate current illnesses and conditions, then to provide treatment and education necessary for the individual to eventually manage his or her illness after discharge back into the community. It is very rewarding for the correction professional to see these incarcerated individuals become healthier as time goes on and it is at that point we know we are truly making a difference within their lives.

New cases of active TB have risen in the general “community” in Missouri over the last several years. Through increased surveillance active TB in Missouri prisons has actually declined. This year CMS expanded its commitment to surveillance by assisting with two community mass TB testings in Jefferson City involving a public high school. Additionally, CMS donated 800 doses of Tubersol for TB testing, again, due to our strong commitment to early detection and treatment of this communicable disease.

Offenders in many states have limited access to community providers and specialists. Over the last nine years we have established strong hospital and community specialty contracts, such that every major specialty area is available to the offenders in the State of Missouri. These include on site specialty clinics in cardiology, orthopedics, audiology, surgery, prosthetics and physical therapy, which help to provide continuity of care and again decrease the risk to the community during off-site specialty visits. Also, we have developed nursing protocols, chronic care clinics and disease related clinical pathways statewide as well as provided input to establish and maintain the most comprehensive electronic medical record available in corrections

today. Additionally, offenders at all Missouri facilities have the opportunity to take part in annual health fairs where facility staff and community providers provide appropriate screenings and health education information.

Through this coordination of efforts, death rates in Missouri prisons are substantially lower than those in other statewide prison systems and actually even lower than in the general population in Missouri. In 2000, the offender death rate was 1.63 deaths per 1,000 inmates (45 deaths total), substantially lower than the national average of 2.17 deaths per 1,000 inmates (2000 Corrections Yearbook). There is also a policy in place where CMS and MDOC jointly review each death occurring in the correctional system. The deaths are also reviewed by an outside physician and recommendations made for preventing the likelihood of an avoidable death in the offender population.

Offender complaints and lawsuits have also substantially decreased in the prison population. Medical lawsuits have fallen by 97% since the inception of the Missouri Contract. This translates into a taxpayer cost savings of \$2,000 per lawsuit. In 1995 there were 6.65 lawsuits for every 1,000 offenders. Today it has decreased to 0.98. Also, the population has increased by 33% in that time.

Correctional nursing isn’t for everybody. It truly takes a dedicated individual with commitment to excellence and a willingness to follow through to ensure their patients are receiving the best care possible in a confined environment. As I tell everyone, no two days are alike in corrections. This system is truly an autonomous, nurse driven system. Nursing decisions count more in corrections than in any other setting in which I have been affiliated. We are a group of highly dedicated professionals interested in ensuring our patients receive the medically necessary care they need. I, as well as the hundreds of nurses that work for CMS in Missouri, are truly making a difference in corrections “one life at a time.”

Study of Nurse Competency for Safe Practice Planned by National Council of State Board of Nursing (MCSBN)

As previously announced in our November, December 2001, January 2002 issue, the National Council of State Boards of Nursing (NCSBN) announced its intent to conduct a longitudinal study to discover how safe nursing practice evolves over the first five years following initial licensure. Titled the “Post-Entry Competence Study,” the project will be conducted in two phases. In Phase I, a cross-section of nurses who have been in practice 6, 12, 18, 24, 30, 36, 42, 48 and 60 months will be surveyed to discover the characteristics of post-entry practice and the evolution of nursing practice over time. In Phase II, the cohort of nurses from Phase I who have been in practice for 6 months will be followed for a period of five years. Practice characteristics will be analyzed at set intervals throughout the five-year study. An Advisory Panel of experts in nursing practice and a Subject Matter Expert Panel of practicing nurses who supervise, mentor, or precept post-entry nurses will guide the study.

Missouri Nurse Selected for Panel

We are pleased to announce that Cheryle Kelly, RN, MSN, Medical Unit Director and Coordinator of the Graduate Nurse Internship Program at St. Marys Health Center in Jefferson City has been selected to serve on the

Subject Matter Expert Panel. She states, “Being chosen as a member of the Post-entry Competence Study Panel is a great opportunity to contribute to the future of nursing practice. Quality care is the backdrop for these activities at a time when there is high consumer awareness and demand for competent health care providers. Competence being the effective application of knowledge and skill in the work setting as is demonstrated through critical thinking skills, technical skills, and interpersonal skills applied in given situations.

Nursing is an ever-evolving profession, as is each nurse an ever-evolving professional. Patricia Benner’s theory of “novice to expert” explains this evolution. How competency evolves over time is the task the panel is studying, in an effort to shed light on what we, as seasoned nurses (in the practice setting and academia) can do to assure this evolution occurs in a timely manner in an environment favorable to growth and learning.

The ultimate goal is safe patient care and competent professionals who will stay the course in nursing and love the profession they have chosen.

The Missouri State Board of Nursing is extremely pleased that Cheryle Kelly has been chosen to serve on this panel and knows that she will make significant contributions to this important research.

Health Resource Partners

by Diane M. Daldrup,
Executive Director

Health Resource Partners (HRP) is a nonprofit organization formed in 1999 as the sustaining body for the Kansas City Colleagues in Caring project. “*Connecting the health care community*” to share resources and promote collaborative efforts is the primary goal of the organization. HRP’s mission is to improve community health by developing innovative programs that ensure an adequate supply of trained health care professionals. Health Resource Partners is recognized as the central clearinghouse for health career information and has been established as a hub to connect health care workforce projects across Kansas and Missouri.

Three activities constitute the core of HRP’s workforce development initiatives. These are the Kansas City Colleagues in Caring project, the bi-state Health Career Promotion Campaign and development of a \$350,000 Internet web site to create a statewide clearinghouse for health care workforce information.

Kansas City Colleagues In Caring

Kansas City Colleagues in Caring (KC-CIC) began in 1996 as one of 20 national grant programs funded by the Robert Wood Johnson Foundation. The grant focuses on nursing workforce development with special emphasis on creating a system to collect supply and demand data to assess current workforce needs, as well as predict future demand issues based upon trend analysis. The resulting Data Collaborative is now working with a consortium of Missouri agencies to create a statewide mechanism for sharing health care workforce data.

The cornerstone of the KC-CIC project is the Nursing Consortium – representing key health care stakeholders from a multitude of education and practice settings. Their charge is to identify regional health care workforce issues and develop innovative programs that strengthen the Kansas City nursing workforce. A direct offshoot of this project has been the development of workforce consortia across Kansas and Missouri using this regional collaborative model. Health Resource Partners works with the Kansas and Missouri Hospital Associations to introduce workforce development initiatives throughout both states. In addition, HRP makes health career promotion resources available to all stakeholder groups.

Health Career Promotion Campaign

In January 2002, Health Resource Partners launched a three-year health career promotion campaign aimed at high

school students, parents, counselors, dislocated workers and the general public to inform them about educational and employment opportunities in the health care industry. The \$300,000 campaign incorporates targeted promotion of health careers where shortages exist or are anticipated (i.e., nursing, diagnostic imaging, medical technology and pharmacy.) The goal is to build educational program capacity with both traditional and non-traditional students. Collaboration with educators, employers and other non-profit organizations creates a permanent mechanism for sustaining the bi-state health care workforce.

Features of the health career promotion campaign include print resources (brochures, posters, newsletters, etc.) media utilization (public service ads, newspaper, radio, billboard and movie theater advertising) train-the-trainer programs and Internet technology integration. The campaign model is available to interested organizations and samples of all media are available upon request.

Health Resource Partners Career Web site

The Health Resource Partners web site (www.healthresource.org) provides ready access to career exploration resources including the *Health Careers Directory*, a searchable database that matches up health career descriptions with available educational programs and professional organizations. The on-line *Financial Aid Guide* enables potential students to search for both local and national sources of financial assistance. The *Health Care Works Job Bank* helps individuals to research industry-specific employment opportunities and provides employers access to a national resume database. This state-of-the-art website also serves existing health care professionals by providing information on certification and licensure, nursing articulation, practice competencies and professional organizations. Numerous organizations throughout the United States link to the HRP web site in order to take advantage of the resources available online. In a virtual environment it’s easy to create the tools once and then share the information with multiple stakeholder groups. This collaboration strengthens each organization and helps to build workforce capacity on a grand scale.

Requests for information can be directed to:

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Hiring New Nursing Graduates

by Lori Scheidt, BS,
Acting Executive Director

Following completion of their nursing education, a newly graduated nurse is anxious to begin working in their chosen profession. With the current nursing shortage, many employers are anxious to hire these newly graduated nurses. The Board of Nursing receives frequent calls from employers and graduates regarding the length of time it takes for these nurses to be licensed, whether they are able to work prior to licensure (graduate temporary permit) and what happens should a licensee fail the NCLEX® examination.

Recommendations for Licensure Process

- **At least three months prior to graduation:**
 - Complete, sign, notarize and submit application for licensure by examination. (Note: Section VI must be completed and sealed by your Nursing Program Administrator.)
 - Submit one 2”x2” signed photograph.
 - Submit two completed fingerprint cards for background checks. (Note: Any local or state law enforcement agency will assist you in completing the fingerprint cards.)
 - Fee (as applicable) payable to the Missouri State Board of Nursing. (The fee may be a money order, cashier’s check or personal check. The fee is non-refundable.)
- **Immediately after graduation:**
 - Request that your school of nursing forward an official final transcript to the Board of Nursing office.
- **Three months to four weeks prior to graduation:**
 - Register to take the NCLEX® examination.
 - Complete registration form and submit fee to the Testing Service.
 - Read candidate bulletin carefully for full details.
- **Schedule an appointment to take the NCLEX® Exam:**
 - Notification of eligibility to take the examina-

tion will be communicated to the testing service by the Board of Nursing after we have received: completed application, appropriate fee, signed photograph, official final transcript from the nursing program and background checks from Missouri Highway Patrol and Federal Bureau of Investigations (FBI).

- The applicant will receive an *Authorization to Test (ATT)* from the testing service. Information on how to schedule a testing appointment will be included with the ATT.
- The testing center must offer an appointment to test within thirty (30) days of the request.
- **Take the NCLEX® Examination**
 - Results should be received within two (2) weeks of testing. A license will follow approximately two weeks later. The nurse can work upon receipt of pass results.

Graduate Temporary Permits

A graduate nurse may practice, with supervision, as a graduate nurse pending results of the licensure examination. Pursuant to 335.081(6) RSMo a graduate of an approved nursing program, under proper supervision, may practice as a graduate nurse pending results of the first licensing examination or 90 days after graduation, whichever first occurs.

Examination Results

As mentioned above, results of the examination should be received within two weeks of testing. According to 4 CSR 200-4.021(3) if the graduate nurse does not pass the licensure exam successfully, the graduate exempted practice periods ends. At that time, the individual will no longer fall within the exemption found in section 335.081(6), RSMo and the graduate nurse may not perform the functions or duties of a professional or practical nurse in Missouri.

To help expedite the process, the Board of Nursing is available to answer questions or concerns. Board staff is available Monday through Friday, 8 a.m. to 5 p.m. with the exception of state holidays. Please contact us at 573-751-0681.

Johnson & Johnson Launches Ad, Recruiting Campaign to Reduce Nursing Shortage

New Poll: Americans Believe Nursing Shortage a Crisis

“The Campaign for Nursing’s Future,” an Effort With Nursing Organizations, includes Prime-time Advertising, Scholarships and Recruitment Tools

NEW YORK (February 6, 2002) - Johnson & Johnson today announced it has begun a multi-year campaign that includes national advertising to attract more people to nursing in hospitals and extended care facilities, where an acute shortage, expected to triple in coming years, raises health concerns for the vast majority of Americans.

The campaign, which is estimated to exceed \$20 million over the next two years, was developed with national nursing organizations. It addresses a shortage of registered nurses now estimated at 126,000 in hospitals that is projected to increase to more than 400,000 in all health care facilities by 2020. The shortage raises concerns for the future of health care, according to 75 percent of Americans questioned in a new nationwide poll.

“Throughout Johnson & Johnson’s history as a major provider of products and services to hospitals, we have always had a special affinity for the nursing profession,” said James T. Lenahan, Vice Chairman of the Board, Johnson & Johnson. “Nursing professionals are the essential link between ‘high-tech’ and ‘high-touch’ and we are determined to help stimulate wider interest in this challenging and rewarding career field.”

“We regard nursing as the essence of caring and it is critical to help resolve the deepening nursing shortage in America,” Lenahan said. “Our commitment represents a top corporate priority for Johnson & Johnson to help resolve the shortage.”

Called *The Campaign for Nursing’s Future*, the initiative includes:

- New recruitment brochures, posters and videos for 20,000 high schools, 1,500 nursing schools, and nursing organizations;
- Scholarship funds for students and nursing faculty and a multi-city scholarship fundraising campaign with hospitals, nursing organizations, and hospital associations;
- A Web site (www.discovernursing.com) about the benefits of a nursing career featuring searchable links to hundreds of nursing scholarships and more than 1,000 accredited nursing educational programs; and
- A new national advertising campaign to celebrate nurses and their contributions. The advertising begins today and also will air in prime time during the Winter Olympics.

The Campaign will expand in the future to address other areas affecting the nursing profession, including ways to retain nurses in hospitals.

The Campaign was developed after reviewing research on the nursing shortage and conferring with experts on the shortage, including nursing organizations, nursing schools, hospitals and other health care groups. An advisory group of nursing leaders has helped develop the Campaign and will help direct its future efforts.

The Campaign also was assisted with new findings from health care researchers at Vanderbilt University (Nashville, TN) that surveyed public attitudes toward both nurses and the nursing shortage. The nationwide poll,

commissioned by Johnson & Johnson, was conducted with telephone interviews of 1,005 Americans 21 years of age or older by Penn, Schoen & Berland Associates, Inc. of Washington, DC.

“We found three in four Americans believe the nursing shortage is a serious health care problem, and people believe it will negatively impact the quality of care they get in the nation’s hospitals,” said Dr. Peter Buerhaus, Associate Dean of Nursing at Vanderbilt, a leading researcher on the nursing shortage.

Key findings of the poll include:

- 81% of Americans recognize that there is a nursing shortage with 65% believing the shortage is either a “major problem” or a “crisis”;
- 93% believe the nursing shortage jeopardizes the quality of health care in the U.S.;
- While 83% would encourage a loved one to pursue a career as a registered nurse, only 21 percent would consider nursing as a career for themselves;
- Only one male in 10 would consider nursing as a career.

“The biggest problem is that people are unaware of the array of opportunities and rewards in nursing today,” Dr. Buerhaus said. “They are unaware that nursing salaries are very competitive with other professions or that nursing offers career opportunities in health research, hospital management, and family and community health care, in addition to traditional patient care. We need to get these messages out to parents, teachers, counselors and, above all students at all levels.”

Mary Foley, president of the American Nurses Association and an advisor to the Johnson & Johnson Campaign, said, “Nurses are the face, the hands and the heart of health care. Their skilled care provides the safety net. Without them, the nation’s health care suffers. I’ve been a nurse for many years and this Campaign inspires me. I believe it will help attract the talent we need to revitalize the profession for the years ahead.”

Gary Mecklenburg, chairman of the American Hospital Association Workforce Commission, said, “Hospitals are facing an immediate and long-term shortage of caregivers. The shortage of nurses across all disciplines is the largest and arguably the most important dimension of the problem. This campaign will help us close the gap in nursing so our hospitals will be prepared to serve our communities and the growing number of patients in the future.”

Johnson & Johnson, with approximately 101,800 employees, is the world’s most comprehensive and broadly-based manufacturer of health care products, as well as a provider of related services, for the consumer, pharmaceutical and professional markets. Johnson & Johnson has more than 190 operating companies in 51 countries around the world, selling products in more than 175 countries.

Education Corner



by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members

Cordelia Esry, Ph.D., RN, Chair
Janet Anderson, MBA, RN
Art Bante, BSA, RN, CRNA
Teri Murray, ADN, RN

What does the Education Administrator do besides review the NCLEX® results as I’ve discussed in the last two columns? The major responsibility is to oversee the programs in nursing that lead to an initial nursing license. These programs include practical, associate degree, diploma and baccalaureate nursing programs including bridge programs for LPNs to associate or baccalaureate degree. The Missouri State Board of Nursing does not oversee nursing programs which confer advanced practice status such as a Masters of Science in Nursing, Certified Registered Nurse Anesthetist, Family Nurse Practitioner, etc.



Nelson

There are currently 92 nursing programs in Missouri leading to initial licensure. There are 41 practical nursing programs, 30 associate degree nursing programs, 1 diploma program and 20 baccalaureate degree nursing programs. Each program must be approved by the Board of Nursing in order to operate. There are four purposes for deeming a nursing program approved:

- (1) To promote the safe practice of professional nursing by setting Minimum Standards for schools preparing entry-level nurses.
- (2) To assure that educational requirements for admission to the licensure examination have been met and to facilitate licensure endorsement in other states or countries.
- (3) To encourage continuing nursing program improvement via self-study, evaluation and consultation.
- (4) To assist nursing programs in developing and maintaining didactic and clinical standards that are congruent with current educational and nursing practices.

There are three approval classifications for nursing programs—Initial, Full and Conditional. Initial Approval is granted a program until Full Approval status is attained. This approval category is for new programs in nursing. An institution desiring to establish a program of nursing submits a letter of intent followed by a written proposal which must contain certain information as determined by the

Board of Nursing and published in the state regulations. A site survey is conducted and then a Board of Nursing decision is made regarding granting initial approval. The program is evaluated annually throughout the period of initial approval to determine that Minimum Standards are being met. After the first class has completed the entire program, graduated, and taken the National Council Licensure Examination (NCLEX®), the Board of Nursing again reviews the entire program and decides whether to continue initial approval for not more than one year, deny approval or grant full approval.

Full approval is the status granted a nursing program after the program has graduated one class and has met the Minimum Standards.

Conditional approval is the status of a nursing program that has failed to meet or maintain the regulations or requirements, or both, as set by the Board of Nursing. As mentioned in previous columns, a program is placed on Conditional approval if the licensure examination performance of first-time candidates from the nursing program is less than eighty percent (80%) for two consecutive years. The Board of Nursing can remove the approval of a nursing program for non-compliance with Minimum Standards.

All approved nursing programs must submit an annual registration application with a designated fee in order to operate. Failure to do this results in a lapsed approval status and a disciplinary process begins. Also, each program submits an annual report along with a current operational budget and audited fiscal report to the Board of Nursing. The annual report is reviewed and the program is notified of the Board’s action(s) i.e. acceptance, need of more information, etc. Each approved program is to be surveyed every five years from the first year of full approval via an on-site or paper survey. A five year on-site visit may be deferred if the nursing program is accredited by a national recognized nursing accrediting body such as National League for Nursing (NLN) or Collegiate Council on Nursing Education (CCNE) plus being accredited by North Central Association for Schools and Colleges, the Coordinating Board for Higher Education, or Accrediting Council for Independent Colleges and Schools. Most of the practical nursing programs in the state are not accredited by a nationally recognized nursing education organization so on-site visits are conducted. The opposite is true of the programs leading to RN licensure.

Notice that the term “approved” is used, rather than the term “accredited” when referring to the status granted by the Board of Nursing. This change in language was made in 1999 and is consistent with that used by the National Council of State Boards of Nursing.

The Board of Nursing also must approve certain program changes, faculty prior to appointment and clinical sites used for direct care and participatory observation prior to utilization for student learning experiences.

As you can imagine, this oversight of programs of nursing generates a lot of work and reports. There are other things that I do as Education Administrator, such as oversight of Intravenous Fluid Treatment Programs for LPNs which will be a topic at another time. Jo Boyd, Senior Office Support Assistant, has been assisting the Education Administrator since December 1997 so she keeps me and

the nursing programs on track as to when everything is due and is able to answer many of your questions.

I will continue to give you more of an overview as to what is involved in the continuous approval of nursing programs in future columns.

Many programs of nursing will be graduating students in the next few weeks. I wish them success on the NCLEX® and welcome them into the challenging profession of nursing.

Discipline Corner

by Liz Cardwell, MEd, RN
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members

Charlotte York, LPN, Chair
Cordelia Esry, PhD, RN
Paul Lineberry, PhD
Arthur Bante, BSA, RN, CRNA
Kay Thurston, ADN, RN

Learning About Your Nurse Practice Act

Want to have time well spent while surfing the net? I have a suggestion that will:

- take you to a site you may not have visited before
- provide information that will be of use to you everyday in your work
- provide you with information that will make you a better informed nurse



Cardwell

- increase your awareness of issues that could result in the discipline of a nurse’s license
- and provide you with continuing education credits for a nominal fee.

In cooperation with the Missouri State Board of Nursing, the National Council of State Boards of Nursing has provided the opportunity to obtain two hours of continuing education credit for successfully completing the online course.

The two CE credits can be earned by successfully completing a short exam after you review, at your own pace, the materials that explain the Missouri Nurse Practice Act.

The course entails the history of licensure and regulation of nursing, the purpose of regulation, Board of nursing authority and responsibilities, license definition, discipline authority, procedures for due process and alternatives to discipline.

Course benefits are increasing your knowledge of the Missouri Nurse Practice Act, receiving two hours of CE credit, availability online via the Internet, 24/7 and instant results processing.

Go to www.nclex.com to find out more.

Practice Corner

by Rita Tadych, PhD, RN
Practice Administrator

Missouri State Board of Nursing Practice Committee Members

Arthur Bante, RN, CRNA
Kay Thurston, ADN, RN
Robin Vogt, PhD, RN, FNP-C, Chair
Charlotte York, LPN

ANNOUNCEMENTS

You may now find the past (1999 – present) articles and FAQs of “Practice Corner” at the Board’s Website, www.ecodev.state.mo.us/pr/nursing, under either the FOCUS ON PRACTICE button or ADVANCED PRACTICE button. All FAQ entries are arranged by subject area. When you have a question, you may want to check the Website because a frequently asked question of 2002 may well have been a frequently asked question in the past!

The Missouri State Board of Nursing’s (LPN) IV Therapy Task Force has begun its review of the regulation, 4 CSR 200-6.010 Intravenous Fluid Treatment Administration. Participants at this time include:

Teri A. Murray PhD, RN, Board Member, Chair
Marilyn K. Nelson MA, RN, Education Administrator
Rita Tadych PhD, RN, Practice Administrator
Darnell Roth RN, CRNI, LNC
Mary E. Stassi, RNC

Other registered professional nurses and licensed practical nurses have been contacted and will be included as participants in the work of the Task Force at some time in the future.

MEDICARE AND MEDICAID REIMBURSEMENT INFORMATION

Near the end of November 2001, there were questions from rural health clinic (RHC) advanced practice nurses concerning Medicare and Medicaid reimbursement. I researched this matter and have included, below, information that was shared with the RHC nurses. This information may also be assistive to non-RHC advanced practice nurses.

Rural Health Clinics, Medicare, and Medicaid Resources to Contact with Questions

- Shanna Schopp, RN, Department of Health and Senior Services, Jefferson City, Missouri, 573-751-6328. She oversees rural health clinics/surveyors.
- Patty Ziehmer, Department of Social Services, Division of Medical Services for Medicaid, Jefferson City, Missouri, 573-751-1529. She oversees Medicaid rural health clinics and FQHCs.
- Susan McCann, Pharmaceutical Consultant, Department of Social Services, Division of Medical Services for Medicaid, Jefferson City, Missouri, 573-751-6963.

Understandings from Contact with Ms. Schopp, Ms. Ziehmer, and Ms. McCann

- Services provided by RHC-employed practitioners to RHC patients must be within the practitioner’s scope of practice allowed by state law and regulations in addition to complying with federal requirements
- Medicare and Medicaid assign RHC provider numbers to RHCs for billing of services provided by RHC-employed practitioners to RHC patients. Practitioners who provide non-RHC services to non-RHC patients must obtain individual provider numbers from Medicare and Medicaid to use when billing for these services.
- There are two types of RHCs: Independent (e.g., freestanding clinic) and Provider-Based (e.g., clinic that is an integral part of a hospital, skilled nursing facility, or home health agency). RHCs are referred to as “59 provider types”. All RHC services are billed to Medicaid on the UB-92 claim form. Independent RHCs bill an all-inclusive encounter rate per visit and Provider-Based

RHCs bill procedure codes for individual services provided.

- Both types of RHCs do not bill on a Medicaid Pharmacy claim form. Therefore, the Missouri Medicaid Bulletin, Pharmacy Bulletin, August 24, 2001, does not apply to advanced practice nurses who only practice in a RHC.
- Missouri Medicaid Bulletin, Pharmacy Bulletin, August 24, 2001:
 - Advanced practice nurses who work in a non-RHC setting would need to comply with the requirement of entering their Missouri Medicaid Provider number or their BNDD number on the Missouri Medicaid Pharmacy claim form. Although the Bulletin indicates that the advanced practice nurse’s non-controlled drug prescriptions could also include entry of the BNDD number of the collaborating physician on the claim form, it is important to remember that Medicare Provider numbers, Medicaid Provider numbers, and BNDD numbers are available, but not necessary, for advanced practice nurses in Missouri.
 - For prescriptions, pharmacists may use the provider number for the RHC, FQHC, advanced practice nurse, or collaborative practice physician (per Ms. McCann).

In mid-January 2002, I received the following information from Pam Jarrett at Medicaid (573-751-2221) pertaining to the use of the BNDD number:

- There are two Missouri Medicaid Bulletins explaining the use of the BNDD number. One bulletin is dated August 24, 2001 and the other is dated December 17, 2001.
- These bulletins can be found on our website at www.dss.state.mo.us/dms.
- All prescribing providers must have a BNDD number or a Medicaid provider number so pharmacies can submit the number with all pharmacy claims.

APN RECOGNITION SUMMARY STATE OF MISSOURI 04/16/02*

CLINICAL NURSE SPECIALISTS414**

- Pediatric027
- Perinatal003
- Gerontological027
- Community Health002
- Maternal Child005
- Advanced Oncology022
- Medical-Surgical170
- Adult Psychiatric/Mental Health130
- Child-Adolescent Psychiatric/Mental Health028

NURSE ANESTHETISTS1,257**

NURSE MIDWIVES092**

NURSE PRACTITIONERS2260**

- Adult343
- Advanced Oncology002
- Family1,126
- School0
- Neonatal119
- Acute Care025
- Pediatric308
- Gerongological085
- Family Psychiatric/Mental Health004
- Women’s Health240
- Adult Psychiatric/Mental Health005
- Psychiatric Mental Health003

Total Number of Recognitions4,023**

Note: Earliest recognition date was September 1996.

* Number of recognitions change monthly.
**Actual number of recognitions may be less: (a) if continued recognition requirements have not been met before ‘Document of Recognition’ expiration date, or (b) due to individuals being recognized in more than one specialty area and/or role.

NATIONALLY RECOGNIZED CERTIFYING BODIES ACCEPTABLE TO THE MISSOURI STATE BOARD OF NURSING

April 12, 2002

American Academy of Nurse Practitioners (AANP) Certification Program

Capital Station
PO Box 12926
Austin, TX 78711
Phone: (512) 442-5202
Fax: (512) 442-5221
E-mail Address: certification@aanp.org
Home Page Address: www.aanp.org
(adult nurse practitioner and family nurse practitioner)

American Association of Critical-Care Nurses (AACN) Certification Corporation

101 Columbia
Aliso Viejo, CA 92656-4109
Phone: (800) 899-2226
Fax: (949) 362-2020
E-mail Address: certcorp@aacn.org
Home Page Address: www.certcorp.org
(adult acute & critical care clinical nurse specialist, pediatric acute & critical care clinical nurse specialist, and neonatal acute & critical care clinical nurse specialist)

American College of Nurse Midwives Certification Council (ACC)

8401 Corporate Drive
Suite 630
Landover, MD 20785
Phone: (301) 459-1321
Fax: (301) 731-7825
E-mail Address: acnmcertcn@aol.com or ACCmidwife.org
Home Page Address: www.acnm.org or www.midwife.org
(nurse midwife)

American Nurses Credentialing Center (ANCC)

600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024-2571
Phone: (800) 284-2378
Fax: (202) 651-7004
E-mail Address: ancc@ana.org
Home page Address: www.nursingworld.org
(acute care nurse practitioner, adult nurse practitioner, family nurse practitioner, gerontological nurse practitioner, pediatric nurse practitioner, school nurse practitioner, adult psychiatric/mental health nurse practitioner, family psychiatric/mental health nurse practitioner, psychiatric mental health nurse practitioner)

Council on Certification of Nurse Anesthetists (CCNA)

222 South Prospect Avenue
Park Ridge, IL 60068-4001
Phone: (847) 692-7050
Fax: (847) 692-7082
E-mail Address: Certification@aana.com or recertification@aana.com
Home Page Address: www.aana.com
(nurse anesthetist)

National Certification Board of Pediatric Nurse Practitioners and Nurses (NCBPNP/N)

800 S Frederick Avenue
Suite 104
Gaithersburg, MD 20877-4151
Phone: (888) 641-2767 or (301) 330-2921
Fax: (301) 330-1504
E-mail Address: info@pnpcert.org
Home Page Address: www.pnpcert.org
(pediatric nurse practitioner)

PRACTICE CORNER/from page 10

National Certification Board for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC)
PO Box 11082
Chicago, IL 60611-0082
Phone: (312) 951-0207
Fax: (312) 951-9475
Home Page Address: www.nccnet.org
(neonatal nurse practitioner and women’s health care nurse practitioner)

Oncology Nursing Certification Corporation (ONCC)
501 Holiday Drive
Pittsburg, PA 15220-2749
Phone: (877) 769-6622 or (412) 921-8597
Fax: (412) 928-0926
E-mail Address: oncc@onc.org
Home Page Address: www.oncc.org
(advanced oncology nurse)

Revised 04/2002

FREQUENTLY ASKED QUESTIONS

Q: Does the Missouri State Board of Nursing have information concerning nursing malpractice insurance providers?

A: No. When I receive such questions in the office, I generally refer callers to their registered professional nurse association (Missouri Nurses Association, 573-636-4623) or licensed practical nurse association (Missouri State Association of Licensed Practical Nurses, Inc., 573-636-5659) in Missouri or suggest they conduct an Internet search.

Q: I am a licensed practical nurse in Missouri and am wondering whether there are any national certifications I can pursue?

A: The National Association for Practical Nurse Education & Service, Inc. (NAPNES; www.napnes.org) offers licensed practical nurses post licensure certification in Pharmacology and in Long-Term Care. The National Federation of Licensed Practical Nurses, Inc. (NFLPN; www.nflpn.org) offers certification programs in Gerontology and IV Therapy. Please keep in mind, however, that LPNs seeking to become IV certified in Missouri must complete an IV therapy course approved by the Missouri State Board of Nursing. Board-approved IV therapy courses may be viewed at www.ecodev.state.mo.us/pr/nursing under the IV THERAPY PROGRAMS button.

You may also want to contact your state nurses’ association, Missouri State Association of Licensed Practical Nurses, Inc., for additional information. Their telephone number is 573-636-5659.

Q: I am thinking of starting a nursing agency, which would send nurses to customers requesting licensed nurse providers. Is there any information you can give me?

A: The Missouri State Board of Nursing does not have any authority pertaining to the establishment of a nursing agency business. Its duty is to regulate the practice of nursing to insure the safety of the public cared for in Missouri by nurses licensed in Missouri. Before a business is even started and even after a business is ‘up and running’, it would be important to work closely with both legal counsel and an accountant. At all stages of your business activity, these professionals can assist you in addressing such things as federal, state and local legal issues and financial matters. It would be important to contact any state entities that license/regulate the facilities you would be working with in order to determine special considerations you may need to take into account. For example, the Department of Health and Senior Services (573-751-6303) regulates hospital, long term care, home health, and hospice facilities.

Q: There are times when I deal with situations in my employment that make me wonder if I will face a complaint because of patient abandonment. Does the Board have any guidance for me?

A: At its December 2001 Full Board meeting, the members of the Missouri State Board of Nursing approved a position statement, Patient Abandonment. You may review it at the Board’s Website, www.ecodev.state.mo.us/pr/nursing under the FOCUS ON PRACTICE button.

Q: If an unlicensed person in Missouri is performing certain health care activities, why is it that I have to maintain a current Missouri license as a nurse if I would be doing the same things?

A: An individual who has completed a nursing education program and has passed the national nursing licensing examination would be held accountable to the laws and standards of licensure and performance as a reasonable and prudent nurse, not a reasonable and prudent lay person, in matters related to the health, welfare, and safety of the citizens of Missouri.

Q: What does a foreign-educated nurse have to do to be able to practice as a licensed nurse in Missouri? How can they practice until licensed in Missouri?

A: Until the individual has a current Missouri nursing license, his/her practice in Missouri is as unlicensed assistive personnel. Please review Board information on unlicensed assistive personnel at www.ecodev.state.mo.us/pr/nursing under the FOCUS ON PRACTICE button.

To obtain a Missouri RN license, the individual will first need to obtain a CGFNS (Commission on Graduates of Foreign Nursing Schools) Certificate. More information on CGFNS can be obtained by going to the Board’s Website, www.ecodev.state.mo.us/pr/nursing under the LICENSURE INFO/FORMS button. The second requirement is to take and pass the NCLEX-RN, examination and be issued a Missouri RN license. If you have additional questions, please contact the Board office at 573-751-0681.

READY WEB REFERENCES

Rita Tadych PhD, RN
Practice Administrator
Missouri State Board of Nursing

For assistance now and in the future with negotiating the State of Missouri environment of statutes (RSMo); current and proposed rules (SOS); Missouri State Board of Nursing (MSBN) website; other licensees’ web pages and laws (PR); other government entities (Missouri State Government); legislation (Missouri State Government); and so forth, use this document, “Ready Web References”.

REVISED STATUTES OF MISSOURI (RSMo)
<http://www.moga.state.mo.us/STATUTES/STATUTES.HTM>

PROVIDES ACCESS TO CURRENT STATUTORY LAWS

SECRETARY OF STATE OFFICE (SOS)
<http://www.sos.state.mo.us/>

PROVIDES ACCESS TO CURRENT (CODE OF STATE REGULATIONS — CSR) AND PROPOSED (MISSOURI REGISTER) RULES/REGULATIONS

MISSOURI STATE GOVERNMENT
<http://www.state.mo.us>

PROVIDES ACCESS TO EXECUTIVE, LEGISLATIVE, JUDICIAL, AND STATE DEPARTMENT INFORMATION

OFFICE OF THE MISSOURI STATE GOVERNOR
<http://www.gov.state.mo.us>

PROVIDES GUBERNATORIAL INFORMATION AND PERTINENT LINKS

PROFESSIONAL REGISTRATION (PR)
<http://www.ecodev.state.mo.us/pr>

PROVIDES ACCESS TO ALL REGULATED PROFESSIONS IN DIVISION OF PROFESSIONAL REGISTRATION AND INCLUDES DOWNLOADABLE DIRECTORIES — e.g., RN, LPN, APN

MISSOURI STATE BOARD OF NURSING (MSBN)
<http://www.ecodev.state.mo.us/pr/nursing>

INCLUDES “FOCUS ON PRACTICE” BUTTON AND “ADVANCED PRACTICE” BUTTON”, ALONG WITH NURSE PRACTICE ACT AND OTHER PERTINENT INFORMATION

PRACTICE CORNER/from page 11

NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN)
<http://www.ncsbn.org>

PROVIDES INFORMATION ON OTHER STATE BOARDS OF NURSING AND HAS PERTINENT INFORMATION ON TOPICS IMPORTANT TO NURSING AND NURSING PRACTICE

9/2000 Revised 7/2001

Use of Ready Web References Document

Using the Ready Web References, you may want to consider the following statutes and rules:
Go to ‘Focus on Practice’ button for clarification of registered professional nurse and licensed practical nurse authorities:

Registered professional nurses have statutory authorities for practice specified in 335.016 (10)(a) through (e), RSMo. Included in 335.016 (10)(e), RSMo, for example, is the authority to teach, delegate, and supervise others in the performance of “any of the foregoing” (a) through (d) provisions. Registered professional nurses remain accountable and responsible for their teaching, delegation, and supervision decisions. Others (e.g., licensed practical nurses; unlicensed assistive personnel) who perform nursing care or nursing care tasks delegated by registered professional nurses also remain accountable and responsible for their actions or inactions. You may want to review the unlicensed assistive personnel information at the ‘Focus on Practice’ button, particularly the Board’s position statement regarding their utilization. Unlicensed assistive personnel cannot perform nursing care tasks independently.

Licensed practical nurses, pursuant to the statute, 335.016 (9), RSMo (NOTE: This statutory, legal definition changed in 1999), are authorized to perform all nursing care under the direction of a supervising registered professional nurse or supervising “person licensed by a state regulatory board to prescribe medications and treatments” (e.g., physician). Licensed practical nurses cannot perform nursing care independently. It is important for licensed practical nurses to know which registered professional nurse or “person licensed by a state regulatory board to prescribe medications and treatments” is functioning as their delegator and supervisor. Sometimes written supervisory agreements are used to document the supervisory relationship. It is also important for licensed practical nurses to stay communicatively connected to their supervising registered professional nurse or “person licensed by a state regulatory board to prescribe medications and treatments” for purposes of ongoing problem-solving and decision-making in the best interests of a patients’ health, welfare, and safety or to secure coverage for care outside the authority of their license.

Other important considerations that may influence health care provider practice include, but are not limited to:

Federal laws applicable to the employing entity and the practice activities of licensees.

The licensing rules/regulations applicable to the

employing entity, if the entity is required to have a license in Missouri. For example, hospital regulations may be found in the Code of State Regulations at 19 CSR 30-20.021 Organization and Management for Hospitals.

The entity’s accreditation body standards. For example, the accreditation body for hospitals is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) at <http://www.jcaho.org>.

The written policies and procedures of the employing entity, with the assumption that they are supportable by law and current, reputable literature. If there are no written policies on a matter, pursuit of such might very well be warranted. In regard to existing policies and procedures, any subsequent changes in practice that are equally defensible should be reflected in policy/procedure revisions.



Licensure Corner

by Lori Scheidt, BS
Acting Executive Director

Missouri State Board of Nursing Licensure Committee Members:
Janet Anderson, RN, MBA, *Chair*
Cordelia (Dee) Esry, PhD, RN
Teri A Murray, PhD, RN
Robin Vogt, PhD, RN, FNP-C
Charlotte York, LPN

LPN License Renewal
Current LPN licenses expire May 31, 2002. LPN renewal notices were mailed in February 2002. Please update our office each time you have an address change so you will receive your renewal notice.

If you haven't received a renewal notice, contact our office. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us

Background Checks Required for Nursing License
An applicant for a Missouri license by endorsement or exam is required to provide two completed fingerprint cards in order to conduct background checks with the Highway Patrol and FBI. **It takes about three (3) months to receive background check results.** Exam applicants should apply for a license at least three months prior to the graduation date in order to prevent delays. The Board of Nursing will not authorize a person to take the licensure exam until both background checks are received. Prints may be taken by any law enforcement official trained in taking fingerprints. A fee is occasionally charged. Licensure Section staff of the Board of Nursing are also trained to take prints. The signature of the person taking the prints must appear on the fingerprint cards. **If reprints are required, a different individual than the one who originally took the prints must take them.** Most fingerprints fall into the patterns shown below:



Scheidt

Prints must be rolled from nail to nail and the ridges should be sharp and distinct. Cards must carry the complete PHYSICAL DESCRIPTION of the applicant, including sex, race, color of eyes and hair, height, weight, date and place of birth and signature in ink. Abbreviations for hair and eye color may be used; please use BLK (Black), BLND (blonde), BL (blue), BRN (brown), GRN (green), GRY (gray), and HZL (Hazel). The applicant must also indicate his/her social security number on the card. Cards cannot be properly indexed by the Missouri State Highway Patrol and FBI without this information. Incomplete cards will be returned to the applicant. The most common reasons for returning a fingerprint card to a person to be re-printed, in order of priority follows.

1. Prints were not rolled from nail to nail.
2. Prints were not fully inked.
3. Missing physical description.
4. Missing identifying information (social security number, name, date of birth and place of birth.

Commonly Asked Licensure Questions

Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?
Contact the Department of Health & Senior Services at (573) 526-5686.

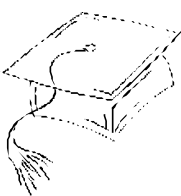
Where do I call to verify an Emergency Medical Technician (EMT)?
Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state?
You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm. At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can download the form from <http://www.ncsbn.org/public/regulation/res/verification.pdf>. Complete your part of the form and send it to the address indicated on the form **with a \$30 money order**.

VERIFICATION OF A LICENSE
You can verify licenses online at www.ecodev.state.mo.us/pr. Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee's name, city, state, license number, original license issue date and license expiration date. If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the

results back you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse's name and license number. E-mail the list to nursing@mail.state.mo.us. In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year of license followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license. The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us
- Online Licensee Search at www.ecodev.state.mo.us/pr



Graduate Nurse Practice

The Rule
State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs." Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3). **The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.** We recommend that you have the graduate sign an *Authorization to Release Confidential Information* form

LICENSURE CORNER/from page 13

so we may provide you with periodic updates on the person’s exam and licensure information. A sample authorization form is included with this article.

After the Examination

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a “pass” letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. For example, Mary Smith graduated January 15, 2002 and decided to get her first license by examination in Kansas. Mary is working in both Kansas and Missouri. Under the graduate exempted practice period, Mary may work in Missouri from January 15, 2002 to March 15, 2002 or upon receipt of her exam results, whichever is first. Mary took her exam in early March and received her passing results on March 10, 2002. Mary is given an additional 30 day (until April 10, 2002) to obtain a Missouri temporary permit. Please note that there would not have been a 30 days extension if Mary failed the exam. Rationale: Under the graduate exempted practice period, Mary would have to cease practice in Missouri on March 10, 2002 since that is when she received her results. It would be impossible for Mary to obtain a Missouri temporary permit the same day she received her results so the Board put a 30-day grace period into the rule. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, “the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation.”

AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, _____, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, _____, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

Date

Applicant’s Signature

Applicant’s Printed Name

Applicant’s Social Security Number

Fax to the Missouri State Board of Nursing at (573) 751-6745

Licenses have a new look!

The license paper and style has recently changed. This article contained a scanned image of the new license. Please share this article with your human resources staff.

Always ask to see an original Missouri license or temporary permit before a new employee reports to orientation. Inspect the permit or license to be sure it is an original. We have found that a nurse impostor is more likely to provide a copy of a license or temporary permit to an employer. **It is very important that you view the original document.** If you need a copy for your files, make a copy and clearly indicate COPY on the face of the document prior to filing it.

Here are some tips to help you inspect a license or temporary permit for authenticity.

License

- The license is light blue in color.
- The presence of the State Seal should be in the background.
- The name, license number and expiration date of the license is clear and does not appear altered.
- The image included with this article shows you the new license format.

Temporary Permit

- A temporary permit is only issued for 6 months.
- The Board NEVER re-issues or extends temporary permits.
- A temporary permit will contain the signature of the Executive Director and a raised board seal.
- A temporary permit is printed on Board of Nursing letterhead.



Summary of Actions from March 2002 Board Meeting

Practice Matters
Proposed language for an amendment to the rule, 4 CSR 200-4.200 Collaborative Practice, was agreed upon by both the Board of Nursing and the Board of Healing Arts. The proposed amendment will address the two boards’ waiver requirements related to the one calendar month same site practice requirement for new collaborative practice arrangements when emergency situations arise in an established collaborative practice.

Education Matters
The following school requested and was approved for an increase in student enrollment:

- Texas Technical Institute, Practical Nursing Program #17-135 (increase enrollment from 20 to 30 students)

The following school requested and was approved to close a campus.

- Sikeston Public Schools (PN 17-188) to close their Hayti campus (PN 17-149) at the end of the school year (July 2, 2002) after graduation of current class.

Annual reports for five Practical Nursing programs were given full approval and 35 Practical Nursing programs were

given approval with recommendations.
Five-year paper survey reports were given approval for four ADN programs and one BSN program.
Five-year on-site survey reports were approved for five PN programs.
Concorde Career Center’s proposal to establish a Practical Nursing Program was approved with initial approval contingent on a successful site survey.

Discipline Matters
The Board held one disciplinary hearing and eight violation hearings.

Please Note:
In the Summary of Actions from the December 2001 Board Meeting article, North Central Missouri College’s Associate Degree Nursing Program #17-405 was inadvertently identified as a Practical Nursing Program. We apologize for the error.

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
BRYCE KEHOE ST LOUIS, MO	RN2002000265	Section 335.066.1 and .2 (5) (12) (15) RSMo In September 1999, while employed as a Certified Nurse’s Aid, the Licensee was verbally and physical-ly abusive toward residents. Placed on Division of Aging’s Employee Disqualification List for five years, beginning 6/26/00; was removed early from the EDL on 9/18/01.	1/8/02 to 1/8/04
CAROL G. SMITH PRAIRIE VILLAGE, KS	RN 079767	Section 335.066.1 and .2 (8) RSMo Licensee’s Kansas nursing license was disciplined in 6/00 relative to the abuse of drugs and alcohol.	12/7/01 to 12/7/03

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
DIANE C. DARRELL OLATHE, KS	RN 043196	Section 335.066.2 (5) (6) (12) RSMo From November 1998 until April 12, 2001, Licensee titled and represented herself as a clinical nurse specialist on a web page that she established to provide information and answer questions. During this time period, Licensee was not recognized as an advanced practice nurse in Missouri.	2/1/02
ELIZABETH S. HUFF RAYMORE, MO	RN 122336	Section 335.066.2 (5) (12) RSMo On three occasions, Licensee failed to check all vital signs of patients during a home health visit. On one occasion, Licensee documented that she checked all vital signs of the patient when she did not.	2/14/02
RONDA KELLEY SPRINGFIELD, MO	PN 053283	Section 335.066.2 (5) (12) RSMo Licensee developed a personal relationship with a patient.	1/19/02
KIMBERLY LALUMANDIER BLOOMSDALE, MO	RN 136600	Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 5/1/99 to 4/12/01.	2/1/02
DONALD R MANARY ORRICK, MO	RN 132735	Section 335.066.2 (5) (12) RSMo On 2/23/01, Licensee dispensed three tablets of Pyridium, a prescription medication, to a patient who came to the emergency room center complaining of a bladder infection. No physician had examined the patient prior to the Licensee dispensing the medication and there was no doctor's order for the medication.	2/5/02
CAROL PAGE ST LOUIS, MO	RN 081440	Section 335.066.2 (2) RSMo On 12/3/99, Licensee pled guilty to misappropriation of a fiduciary.	1/19/02
JANET ROSS REEDS SPRINGS, MO	RN 087147	Section 335.066.2 (5) (12) RSMo On 1/1/01, Licensee started an IV and administered IV fluids to a patient without a doctor's order.	2/21/02
JAMIE STEPHENS UNIVERSITY CITY, MO	PN055486	Section 335.066.2 (5) (6) (12) RSMo Practiced nursing on a lapsed license from 6/1/99 to 8/4/00.	1/5/02

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
GAIL BAILEY NEWBURG, MO	PN 048166	Section 335.066.2 (5) (12) (15) RSMo Licensee charted that she had given breathing treatments to a patient but had not given them. Licensee charted that she had administered Dexedrine when she had not.	1/26/02 to 1/26/03
MARY S. CANNON WEBSTER GROVES, MO	RN 111352	Section 335.066.2 (5) (6) (12) RSMo Licensee practiced nursing on a lapsed license from 5/1/99 to 3/26/01.	12/29/01 to 12/29/02 OR UNTIL CEU REQUIREMENT IS COMPLETED
MONTE CARDWELL SALINA, KS	RN 141400	Section 335.066.2 (2) RSMo On 2/1/01, Licensee pled guilty to two counts of driving while intoxicated, two counts of driving while suspended, driving while revoked, careless driving, and failure to use a turn signal.	1/10/02 to 1/10/04
MONA S. FAHLE ST CHARLES, MO	PN 051906	Section 335.066.2 (14) RSMo On 6/7/00, Licensee misappropriated a Darvocet tablet from a resident's punch card for her personal consumption.	12/26/01 to 12/26/02
CRISTI GILLIAM JOPLIN, MO	RN 128985	Section 335.066.2 (1) (5) (12) (14) RSMo Licensee unlawfully possessed and consumed Marijuana on an ongoing basis from 1988 until August 2000. Licensee also unlawfully possessed and consumed Methamphetamine on an ongoing basis throughout 1999 until August 2000.	1/16/02 to 1/16/04
ANNIS L. GROOMS PRINCETON, MO	PN 039090	Section 335.066.2 (5) (6) (12) RSMo On September 11-14, 2000, the Licensee administered Demerol IV push.	1/24/02 to 1/24/03 OR UNTIL CEU REQUIREMENT IS COMPLETED
LISA HOFFMANN ST. PETERS, MO	RN 151740	Section 335.066.2 (1) (2) (5) (12) (14) RSMo In January and February of 1999, Licensee misappropriated Demerol on more than one occasion for her personal consumption. On 2/7/99, Licensee misappropriated Demerol for her personal consumption.	1/26/02 to 1/26/05

PROBATION/

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PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
OZEMBIA B. MADDEX SEDALIA, MO	PN 052928	Section 335.066.2 (1) (12) (14) RSMo On 5/13/00, Licensee unlawfully possessed and consumed Marijuana. On 5/15/00, Licensee tested positive for the presence of Marijuana.	1/2/02 to 1/2/04
PAMELA MCKEE HARTSBURG, MO	RN 140921	Section 335.066.2 (1) (5) (12) (14) RSMo On 2/11/00, Licensee called in a prescription for Darvocet for herself under the name of a physician without the physician’s authorization. Licensee picked up the prescription at the pharmacy for her personal consumption.	1/18/02 to 1/18/04
LANNA G MOULT JOPLIN, MO	RN 044198	Section 335.066.2 (1) (5) (12) (14) RSMo On 7/13/98, 7/20/98, 7/24/98, and 7/26/98 Licensee took various amounts of Demerol, Sublimaze, Morphine, Nubain, and Versed into her possession from various locations within the facility and removed them from the facility thereby committing theft of a controlled substance.	1/17/02 to 1/17/05
MARKITTA A. NICKERSON FLORISSANT, MO	PN 050537	Violated Missouri State Board of Nursing Agreement by not submitting required documentation.	1/22/02 to 1/22/03 OR UNTIL CEU REQUIREMENT IS COMPLETED.
DEBBIE A PODOBNIK CHESTER, IL	RN 150552	Section 335.066.2 (5) (12) RSMo On 9/3/00, the licensee failed to adjust the infusion rate of morphine for a patient; as a result, the patient received an overdose of morphine resulting in death. On 9/16/00, the Licensee did not assess a patient’s level of consciousness and accurately document such assessments at a minimum of every 4 hours.	2/7/02 to 2/7/03 or UNTIL CEU REQUIREMENT HAS BEEN COMPLET- ED; WHICHEVER OCCURS FIRST.
DOROTHY PUIDK COLUMBIA, MO	RN108246	Section 335.066.2 (1) (5) (12) (14) RSMo Licensee continually misappropriated Percocet and on occasion misappropriated Demerol from the facility for her personal consumption from early 1999 to 11/1/99.	1/4/02 to 1/4/04
MAXIMILLIAN ROBERTS AUXVASSE, MO	RN 134494	Section 335.066.2 (5) (12) RSMo On 9/12/99, Licensee grabbed a patient’s wrist and yelled at him in an inappropriate and abusive manner, when the patient became combative.	2/6/02 to 2/6/03 or UNTIL CEU REQUIREMENT IS COMPLETED
PEGGY SPEAKMAN PRINCETON, MO	PN 028500	Section 335.066.2 (5) (6) (12) RSMo On 9/12/01, 9/13/01, and 9/14/01; Licensee administered Demerol via IV push to a patient when circumstances were not life threatening on three separate occasions in violation of the IV therapy rule.	2/14/02 to 2/14/03
PAUL L. STEBBING COLUMBIA, MO	RN 086446	Section 335.066.2 (1) (5) (12) (14) RSMo On 8/29/99, Licensee fraudulently used a co-worker’s password to enter the pyxis drawer and misappropriated six 100-mg ampules of Demerol for personal consumption. From June 1999 to 9/3/99, Licensee misappropriated medication wastage on an ongoing basis for personal consumption; which included medications such as Demerol, Morphine, and Fentanyl.	2/14/02 to 2/14/05
MATTHEW WALLACE ST LOUIS, MO	PN 053147	Section 335.066.2 (2) RSMo On 1/24/00, Licensee pled guilty to possession of drug paraphernalia.	1/26/02 to 1/26/03

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension	Effective Date of Probation
ROBIN HUTSON-MONTOYA KANSAS CITY, MO	RN 132401	Violated Missouri State Board of Nursing Agreement by violating Section 335.066.2 (1) (5) (12) (14) RSMo. On 7/24/00, Licensee misappropriated 2cc of Morphine from an unlocked patient pump and injected herself with the Morphine while on duty. In October 2000, Licensee entered a treatment program. On 1/6/01, Licensee consumed 4 beers before returning to the treatment center. As a result she was discharged for violating the center’s policy. In addition Licensee’s conduct was in violation of the Missouri State Board of Nursing Agreement.	1/22/02 to 1/22/05	1/22/05 to 1/22/2010
JEAN MCHUGH-REINER ST. CHARLES, MO	RN 080037	Section 335.066.2 (2) RSMo On 8/2/00 and 12/7/00, Licensee pled guilty to fraudulently attempt- ing to obtain a controlled substance. On 12/7/00, Licensee pled guilty to receiving stolen property.	12/7/01 to 12/7/02	12/7/02 12/7/06

REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
ROBERT HINES MARYVILLE, MO	PN 023289	Section 335.066.2 (2) RSMo Licensee found guilty of two counts of assault in the first degree and armed criminal action on 2/11/98.	11/27/01
PATRICIA SMITH QUINCY, IL	RN 139653	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation	1/22/02
CANDACE M. ULRICH CAPE GIRARDEAU, MO	RN 081636	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation. Violated Missouri State Board of Nursing Agreement by administering a dose of Ativan to a patient.	1/22/02
CLARE WECHLING O’FALLON, MO	PN 006336	Section 335.066.2 (2) RSMo On 7/2/01, Licensee pled guilty to felony stealing and two counts of felony forgery.	12/3/01

VOLUNTARY
SURRENDER LIST

Name	License Number	Effective Date
BARBARA ALLEN O’FALLON, MO	RN 128318	1/18/02
GLORIA BARTON INDEPENDENCE, MO	PN 016932	1/29/02
CARYL V. CONNOYER BETHALTO, IL	RN 145580	1/05/02
LUCY A. ELLIS EUREKA, MO	RN 069554	1/18/02
JENNIFER L. HOLTZ OSWEGO, KS	RN 080758	1/18/02
TIMOTHY W. HUDSON HILLSBORO, IL	PN 055793	2/27/01
SANDRA A. PAULY ST LOUIS, MO	RN072691	12/27/01
JUDY L. ROUSE CUBA, MO	PN 034581	12/29/01
TAMI S. SCHNOOR KANSAS CITY, MO	RN 119943	1/18/02
BOBBY L. TAYLOR MUSKEGON HEIGHTS, MI	RN 147720	1/11/02
*Surrender is not considered a disciplinary action under current statutes.		

SCHEDULE OF BOARD MEETING DATES THROUGH 2002

June 4-6, 2002
September 4-6, 2002
December 3-5, 2002
March 5-7, 2003
June 4-6, 2003
September 10-12, 2003
December 3-5, 2003

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of May 07, 2002

Profession	Number
Licensed Practical Nurse	21,566
Registered Professional Nurse	73,235
Total	94,801

DID YOU CHANGE YOUR NAME?

DID YOU CHANGE YOUR ADDRESS?

DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing.....” and (2) “If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”

Please feel free to use the form below to notify the board office of your name and/or address change. Once the name and/or address change has been made to the records, a letter verifying this change will be mailed to you.

NAME AND ADDRESS CHANGE NOTICE

1. Is this an address change? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2. Is this a name change? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<input type="checkbox"/> RN <input type="checkbox"/> LPN Missouri License Number			
OLD INFORMATION (please print):			
First Name		Last Name	
Address :			
City		State	Zip Code
NEW INFORMATION (please print)			
First Name		Last Name	
Address (if your address is a PO Box , you must also provide a street address):			
City		State	Zip Code
Telephone Number			
Please provide signature:			

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and wall hanging document), and the required fee of \$15 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen, please contact our office. Request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on the web site at www.ecodev.state.mo.us/pr/nursing.

You may contact our office in one the following manners:

- Internet E-mail: nursing@mail.state.mo.us (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)

